

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000000818****1. Entity Name**

PAUL W. BELL MIDDLE SCHOOL MUSIC BOOSTER ASSOC., INC.

Principal Place of Business

11800 NW 2ND STREET

MIAMI
33182

FL

Mailing Address

13377 NW 2ND TERRACE

MIAMI
33182

FL

2. Principal Place of Business**3. Mailing Address**

13144 S.W. 15 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

FL

Zip

Country

Zip

Country

33184

4. FEI Number**65-0792133**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPEREZ MARIA
13377 NW 2ND TERRACEMIAMI
33182

US

FL

7. Name and Address of New Registered Agent

Name

RODRIGUEZ CLARA

Street Address (P.O. Box Number is Not Acceptable)
13144 S.W. 15 LANECity
MIAMI

FL

Zip Code
33184**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**SIGNATURE **CLARA RODRIGUEZ****01/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALONSO VIVIAN		NAME		
STREET ADDRESS	1054 SW 124 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIANCO ELIZABETH		NAME	RODRIGUEZ CLARA	
STREET ADDRESS	15021 SW 150 CT		STREET ADDRESS	P.O. BOX 522474	
CITY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP	MIAMI FL 33152	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ MARIA		NAME	BARRY ELIZABETH	
STREET ADDRESS	13377 NW 2 TERR		STREET ADDRESS	13144 S.W. 15 LANE	
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA RODRIGUEZ

VPT

01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)